

Public Notice ND Medicaid Program

There will be no Medicaid Provider Inflation on July 1, 2017. This is effective for both Medicaid State Plan Services and Medicaid 1915(c) Waiver services. There will also be no inflationary increases on January 1, 2018 for Nursing Facilities and Psychiatric Residential Treatment Facilities.

The Medicaid Fee Schedule for ambulance services, effective for dates of service on or after July 1, 2017, will be increased by a volume weighted average of approximately 13%. This increase was approved by the 2017 Legislative Assembly to restore the equivalent reductions made as part of the 2016 agency budget allotment. The estimated cost is \$625,000 for a 12-month period.

Effective for dates of service on or after July 1, 2017, the Medicaid Fee Schedule will be increased to a minimum of 75% of fees for services that are provided by physical therapists, occupational therapists, and speech therapists and that have fees established using the Medicare Resource-Based Relative Value Scale pricing methodology. This increase was approved by the 2017 Legislative Assembly to restore the reductions made as part of the 2016 agency budget allotment and to provide an additional increase to ensure continued access to these services. The estimated cost is \$2.1 million for a 12-month period.

Effective for dates of service on or after June 1, 2017, the Nursing facility rate limits will be rebased per the cost report year 2014 and the Operating Margin, and Incentive payments, which were removed from the nursing facility rates on January 1, 2017 as part of the budget allotment, will be restored. The estimated impact for a 12-month period is \$5.4 million.

Effective for dates of service on or after July 1, 2017, in accordance with federal Medicaid requirements, the ND Medicaid program will implement face-to-face requirements for home health services as published in the home health final rule. The ND Medicaid program will require a face-to-face visit between a physician and Medicaid beneficiary before initiating home health services, and to ensure a face-to-face visit between a physician or nonphysician provider occurred before providing medical equipment, supplies, and appliances.

ND Medicaid follows the National Correct Coding Initiative (NCCI) Edits. These edits were developed by the Centers for Medicare and Medicaid Services (CMS) based on coding conventions defined in the American Medical Association's Correct Procedure Terminology Manual, national and local policies and edits, coding guidelines developed by national societies, analysis of standard medical and surgical practices, and a review of current coding practices. CMS annually updates the National Correct Coding Initiative Coding Policy Manual.

Effective July 1, 2017, ND Medicaid providers of services to individuals with Developmental Disabilities will receive rate enhancements, which includes those authorized and appropriated by the 2017 Legislative Assembly. The rate enhancements are estimated to cost \$4.7 million for a 12-month period; however, if the new rate setting system is implemented prior to July 1, 2018, this amount will be proportionally reduced as it will be included in the new rate setting and not

paid separately as a supplemental payment. The rate enhancements are a result of six different funding targets identified by the Legislative Assembly to receive additional funding. The six areas are: (1) Children with Intense Medical Needs, (2) Children with Challenging Behavioral Needs, (3) Children who are Severely Medically Fragile, (4) Individuals residing in Family Homes with Intense Medical Needs, (5) Individuals residing in Adult Residential settings with Intense Medical Needs, and (6) Providers who serve clients with Critical Needs.

Effective on or after July 1, 2017, in accordance with existing Medicaid state plan authority, annual cost information will be collected from dental clinic providers. This is estimated to have a minimal fiscal impact.

The supplemental payment for State Fiscal Year 2018 will be continued for critical access hospitals; the estimated cost is \$1 million for the 12-month period.

Effective on or after July 1, 2017 and as a result of 2015 Senate Bill 2320, ND Medicaid will be implementing a Medication Therapy Management (MTM) program. Eligible patients will be identified by ND Medicaid and they will be able to work with their pharmacy to receive MTM services. The patients can choose to not participate. Pharmacies will be required to track their MTM services and outcomes, and they will be reimbursed for their MTM services. The estimated cost of this change is expected to be \$50,000 for a 12-month period.

The capitated monthly rate paid for the Program for All Inclusive Care of the Elderly (PACE) is expected to have minimal increase, which is estimated to have a minimal fiscal impact.

Fee schedules for services are on the Department of Human Services website at:
<http://www.nd.gov/dhs/services/medicalserv/medicaid/provider-fee-schedules.html>

Comments can be sent to and viewed at: Medical Services Division Room 309, ND Department of Human Services, 600 E Boulevard Ave Dept 325, Bismarck, ND 58505-0250. Questions may be directed to the local county social service office, or individuals may contact the ND Medicaid Program at 1-800-755-2604.